

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10327

## CERTIFICATE OF DEATH

Reg. Dist. No. 288

## 1. PLACE OF DEATH:

County St. Marys

City or town Oakley

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 week  
Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female, married, widow

6. (b) Name of husband or wife

James E. Armstrong

6. (c) If alive, give age years

Feb 21, 1902

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years Months Days If less than one day

45 9 10 hrs. min.

6. Birthplace Oakley, St. Marys, Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

12. Name Anderson

13. Birthplace

14. Maiden name Elizabeth Stewart

15. Birthplace St. Marys, Md.

16. Informant Janetta Wilson

Address Oakley, Md.

17. Burial Date thereof 12/3/1947  
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Sacred Heart

Location Oakley, Md.

18. Funeral director W. L. Ogath, Oakley, Md.

Address Leonardtown, Md.

19. M. I. #7 Deceased  
(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md.

County St. Marys

City or town Oakley

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 30 1947 at 11:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that the deceased from

Nov 29 1947 to Nov 30 1947

and that I last saw her alive on Nov 29 1947

Immediate cause of death

Pulmonary Embolus

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

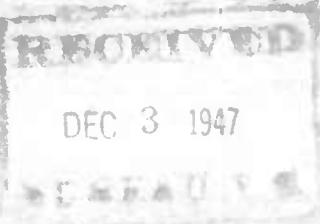
Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Leonardtown, Md. Date signed 11/14/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

9402  
103282

## CERTIFICATE OF DEATH

Reg. Dist. No.

## 1. PLACE OF DEATH:

County.....

St. Marys  
near Leonardtown, Md.

City or town. (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 37 years

Hospital, institution, or street address where death occurred:

Leonardtown, Md.

How long in hospital or institution?

## 3. (a) FULL NAME

Charles H. Connally

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male White married

6. (b) Name of husband or wife

Frances J. Connally

6. (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.)

Oct. 6, 1874

8. AGE:

Years

Months

Days

If less than one day

73

1

11

hrs.

min.

9. Birthplace

Alexandria, Va.

(Town, county, and state)

10. Usual occupation

waterman

11. Industry or business

MOTHER FATHER

James Connally

13. Birthplace

unknown

14. Maiden name

Ellen Pillsbury

15. Birthplace

unknown

16. Informant

Mrs. Charles Connally

Address

Leonardtown, Md.

17. Burial

Date thereof Nov. 20, 1947

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

St. Paul M. Cemetery

Location

Leonardtown, Maryland

18. Funeral director

W. C. Mallings Sons

Address

Leonardtown, Maryland

19. (Date rec'd by registrar)

11/20/47 Accidental

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Marys

City or town near Leonardtown, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Nov. 18, 1947 at 5:00 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 18, 1947, to Nov. 18, 1947

and that I last saw him alive on Nov. 18, 1947

Immediate cause of death Cerebral Occlusion DURATION

Due to arterio sclerosis

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Francis F. Greenwell

M. D. or other

Address Leonardtown, Maryland Date signed 11-19-47

RECEIVED

NOV 21 1947

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10329

## CERTIFICATE OF DEATH

Reg. Dist. No.

## 1. PLACE OF DEATH:

County.....

St. Mary's

City or town..... Hollywood, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death.....

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?.....

## 3. (a) FULL NAME

Charles H. Corkran

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

male white married

6.(b) Name of husband wife

Lena C.

7. Birth date of deceased (mo., day, yr.)

April 1, 1890

6.(c) If alive, give age 48 years

8. AGE:

Years  
57

Months

Days

If less than one day

hrs. min.

9. Birthplace.....

Maryland

(Town, county, and state)

10. Usual occupation.....

Gardener

11. Industry or business

George Corkran

12. Name.....

Unknown

13. Birthplace.....

Unknown

14. Maiden name.....

Unknown

15. Birthplace.....

Unknown

16. Informant.....

Lena C. Corkran

Address

Hollywood, Md.

17. Removal.....

Burial, cremation, or removal. Which?)

Date thereof 11-26-47

(month) (day) (year)

Cemetery or crematory.....

Spring Hill

Location

Baltimore, Maryland

18. Funeral director.....

Carl W. Stafford

Address

Baltimore, Maryland

19. 11/26/47 1947

(Date rec'd by registrar)

Camden

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md.

County St. Mary's

City or town..... Hollywood

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Nov. 25

1947 at 9:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 1, 1947, to Nov. 25, 1947, and that I last saw him alive on July 1, 1947.

Immediate cause of death.....

Coronary occlusion

DURATION

10 min.

Due to..... Suspected arteriosclerosis

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

23. SIGNATURE

M. D. or other

Address

Signature

11-25-47

RECEIVED

NOV 28 1947

STANLEY S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10330

## CERTIFICATE OF DEATH

160c  
Reg. Dist. No. 202

## 1. PLACE OF DEATH

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Victor Deuvic

4. Sex

M

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Nov. 17 1947

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

hrs. 10 min.

9. Birthplace

Md

(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

Victor Deuvic

Md

13. Birthplace

MOTHER

James Jones

FATHER

Va

14. Maiden name

MOTHER

James Jones

FATHER

15. Birthplace

MOTHER

Va

FATHER

16. Informant

MOTHER

James Deuvic

FATHER

Hollywood, Md

Cemetery or crematory

MOTHER

St. John's

FATHER

Hollywood, Md

Location

MOTHER

Hollywood, Md

FATHER

Hollywood, Md

18. Funeral director

MOTHER

Victor Deuvic

FATHER

Hollywood, Md

Address

MOTHER

19. 11/17/17 1917

FATHER

James Deuvic

(Date rec'd by registrar)

MOTHER

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

Hollywood

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Nov. 17 1947 at 10:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 17 1947 to Nov. 17 1947

and that I last saw him alive on Nov. 17 1947

Immediate cause of death

Pulmonary edema

DURATION

Due to

Pulmonary edema

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

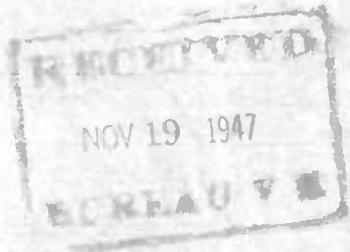
M. D. or other

Address

Frank A. Caudell

Leonard Fox

Date signed 11/17/1947



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10331  
173

## CERTIFICATE OF DEATH

Reg. Dlat. No. 78

## 1. PLACE OF DEATH:

County..... St. Marys

City or town..... Rural, near Naval Air Station, Patuxent River, Md. (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... Died immediately

Hospital, Institution, or street address where death occurred: ---

How long in hospital or institution? ---

## 3. (a) FULL NAME

Robert Pershing Friesz

4. Sex ..... 5. Color or race ..... 6.(a) Single, married, widowed, or divorced

Male ..... White ..... Married

6.(b) Name of husband or wife..... Elizabeth J. Friesz

7. Birth date of deceased (mo., day, yr.) ..... 5-18-18

8. AGE: Years ..... Months ..... Days ..... If less than one day

29 ..... 6 ..... 2 ..... hrs. ..... min.

9. Birthplace..... Missouri  
(Town, county, and state)

10. Usual occupation..... U. S. Navy

11. Industry or business..... Naval Aviator

12. Name..... Arthur L. Friesz

13. Birthplace..... Unknown

14. Maiden name..... Unknown

15. Birthplace..... Unknown

16. Informant..... U. S. Navy

Address..... Patuxent River, Md.

17. Removal..... Removal

(Burial, cremation, or removal. Which?) Date thereof..... Undetermined

(month) (day) (year)

11-21-47

Cemetery or crematory.....

Location..... Salisbury, Missouri

18. Funeral Director..... A.B. Robinson's Funeral Home,

Address..... Leonardtown, Md.

19. 11/20/47 (Date rec'd by registrar) 19 (Year)

Signature..... C. Friesz

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland ..... County..... St. Marys

City or town..... Patuxent River, Maryland (If outside city or town limits, write RURAL and give nearest town)

Street No..... Naval Air Station (If rural, give LOCATION)

2.(a) If veteran, name war..... World War II

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... 20 November 1947 at 10:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19..... to..... 19.....

and that I last saw him alive on..... 27 October 1947

Immediate cause of death..... Injuries, multiple, Extreme

DURATION

Due to..... Aircraft accident

Due to..... undetermined origin

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... none

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Accident Date of 11-20-47

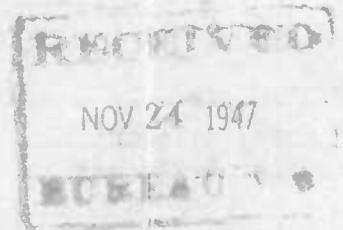
Where did injury occur?..... Near NAS Pat. River, St. Marys, Md. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)..... Naval Air Station

Means of injury..... Aircraft accident Injured at work? Yes

23. SIGNATURE..... PAUL VAUGHAN, CAPT. MC. USN M. D. other

Address..... U. S. N. A. S., Patuxent River, Md. (Signed) 11-20-47



PLEASE WRITE PLAINLY, WITH UNFADING INK  
Supply every item of information carefully.  
Ink correct age  
is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10332

## CERTIFICATE OF DEATH

Reg. Dist. No. 281

## 1. PLACE OF DEATH:

County

St. Mary's  
Rural, Scotland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Mattie E. Murphy

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female White widowed

6. (b) Name of husband or wife

J. Spencer Murphy

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age years

Oct 21 1869

8. AGE:

Years

Months

Days

It less than one day

78

0

11

hrs.

min.

9. Birthplace

St. Mary's Co. Md.

(Town, county, and state)

10. Usual occupation

Spouse

11. Industry or business

William C. Bayne

MOTHER FATHER

12. Name St. Croix Maryland

13. Birthplace St. Croix Maryland

14. Maiden name Susan Pembroke

15. Birthplace St. Mary's Co. Maryland

16. Informant Mrs. Mary J. Wolf

Address Scotland Md

17. Burial Date thereof Nov 4 1947

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Trinity Church

Location St. Mary's City Md.

18. Funeral director W. C. McNaught Sons

Address Leonardtown Md

19. Date rec'd by registrar Nov 16 1947

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Mary's

City or town Pitcairn, Scotland

(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 1 1947 at 12:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 45 to Nov 1 1947 and that I last saw her alive on Oct 31 1947

IMMEDIATE cause of death

General arterio-sclerosis 5 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

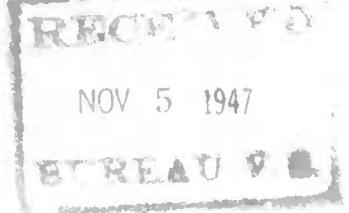
Means of injury

Injured at work?

23. SIGNATURE

O. Beary M.D. M. D. or other

Address Great Mills, Md. Date signed 11-1-47



10333

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

157a

Reg. Dist. No. 281

## 1. PLACE OF DEATH

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

St. Mary's Hospital

How long in hospital or institution?

## 3. (a) FULL NAME

Infant Stiebel

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Female

White

single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6.(c) If alive, give age

years

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Leonardtown, Md.

(Town, county, and state)

10. Usual occupation

none

11. Industry or business

MOTHER FATHER

12. Name LeRoy E. Stiebel

13. Birthplace Topeka, Kansas

14. Maiden name S. Helen Boldenow

15. Birthplace Bloomfield, Nebraska

16. Informant LeRoy E. Stiebel

Address Hollywood, Md.

17. Burial Date thereof 11-23-47

(month) (day) (year)

(Burial, cremation, or removal. Which?) Cemetery or crematory

Jew Chapel

Location Hollywood, Md.

18. Funeral director P. B. Robinson

Address Leonardtown, Md.

19. 11-23-47 1947

(Date rec'd by registrar)

P. B. Beary M.D.

Local Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 22 1947, at 3:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 22 1947, to Nov. 22 1947

and that I last saw him alive on Nov. 22 1947

Immediate cause of death

Cerebral hemorrhage 3 hr.

Due to

Due to

Other conditions

Hydrocephalus

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

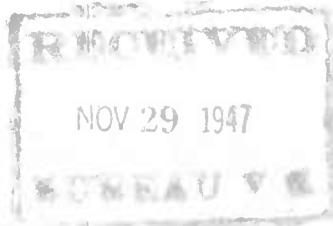
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. B. Beary M.D.

M. D. or other

Address Great Mills, Md. Date signed 11-23-47



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10334

## CERTIFICATE OF DEATH

Reg. Dist. No. 281

94a

## 1. PLACE OF DEATH:

County

St. Mary's

City or town

Painely Point

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

2 days

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Gerney Derring Taylor

4. Sex

5. Color or race

6. (Single, married, widowed, or divorced)

Male White married

6. (b) Name of husband or wife

Jeanne M. Taylor

7. Birth date of deceased (mo., day, yr.)

Jan. 8, 1890

6. (c) If alive, give age

45 years

8. AGE:

Years

Months

Days

If less than one day

57 10 2 hrs. min.

9. Birthplace

Portsmouth, Virginia

(Town, county, and state)

10. Usual occupation

Secretary

11. Industry or business

Plasterer Union

MOTHER FATHER

James V. Taylor

13. Birthplace

Virginia

14. Maiden name

Mary E. Ridick

15. Birthplace

North Carolina

16. Informant

Jeanne Taylor

Address

Washington, D.C.

17. Burial

Date thereof 11-12-47

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Congressional Cemetery

Location

District of Columbia

18. Funeral director

Chamber

Address

Washington, D.C.

Nov. 10, 1947

(Date rec'd by registrar)

Official Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

District of Columbia

Washington

Street No. 3241 7th St. NW

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Nov. 10

1947 213467A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dead on arrival

19.

and that I last saw h. alive on

19.

Immediate cause of death

Coronary heart disease

DURATION

1/2 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

P. J. Bean, M.D.

M. D. or other

Address Great Mills, Md. Date signed Nov. 10-47

MARGIN RESERVED FOR BINDING  
 PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 13 1947

WYFFA

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

92a

10335

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County.....

St. Marys  
Compton Maryland

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:

Compton Maryland

How long in hospital or institution?.....

## 3. (a) FULL NAME

Joseph Ford Turner

4. Sex.....

5. Color or race.....

6. (a) Single, married, widowed, or divorced

male colored married

6. (b) Name of husband or wife.....

Mary Emma Turner

7. Birth date of deceased (mo., day, yr.)

March 14 - 1881

6. (c) If alive, give age ... 60 years

8. AGE:

Years

Months

Days

If less than one day

hrs. ..... min.

9. Birthplace.....

Compton St. Marys Maryland

(Town, county, and state)

10. Usual occupation.....

Waterman

11. Industry or business

12. Name.....

John Henry Turner

13. Birthplace.....

St. Marys Co

14. Maiden name.....

Brown

15. Birthplace.....

St. Marys Co

16. Informant.....

Mrs. Mary Emma Turner

Address.....

Compton Maryland

17. Burial.....

Burial Date thereof: Mar 28 1947

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory.....

St. Francis Xavier

Location.....

Compton Maryland

18. Funeral director.....

W C Hartingly Son

Address.....

Leonardtown Maryland

19. Date rec'd by registrar.....

11/27/67 Cacaille

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Maryland

County.....

St. Marys

City or town.....

Compton

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... Mar 25 1947 at 1200 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1946 19... to Mar 25 1947

and that I last saw h... alive on Mar 23 1947

Immediate cause of death.....

Astes Suffraining

DURATION

Due to.....

Chronic Endocarditis

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur? .....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) .....

Means of injury.....

Injured at work?

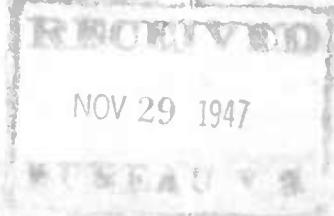
23. SIGNATURE.....

M. D. or other

Address.....

Frank J. Cacaille

Date signed 11/27/67



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age  
is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

92d

10330  
722

Reg. Dist. No.

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH:

County.....

St. Marys

City or town.....  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Joseph S. Wood

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

male white married

6. (b) Name of husband or wife

Susanana Wood

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age years

March 15, 1869

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace.....

(Town, county, and state)

10. Usual occupation.....

## 11. Industry or business

MOTHER FATHER

12. Name..... Henry Wood

13. Birthplace..... Maryland

14. Maiden name..... Madison Wood

15. Birthplace..... Maryland

16. Informant..... Leonard Thompson

Address..... R.T.D. Mechanicville

17. Burial.....

(Burial, cremation, or removal. Which?) Date thereof..... 11-10-47

(month) (day) (year)

Cemetery or crematory..... St. Joseph

Location..... Morgansay, Md.

18. Funeral director..... Dr. B. B. Robinson

Address..... Leonardtown, Md.

19. (Date rec'd by registrar)..... 11/10/47

(Date signed)..... 19-47

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Md.

County.....

G.T.D. Mechanicville

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

November 7 1947, at 8 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct. 25<sup>th</sup> 1947, to Nov. 1, 1947.

and that I last saw him alive on Nov. 1, 1947.

Immediate cause of death.....

To chronic valvular heart disease

Due to.....

Due to.....

Other conditions..... Arteriosclerosis

(Include pregnancy within 8 months of death)

Major findings or operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....

Means of injury.....

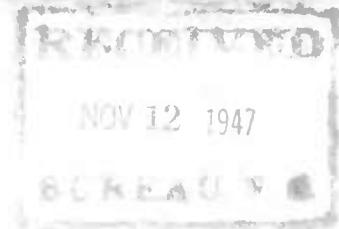
Injured at work?.....

23. SIGNATURE..... Lewis J. Soriano

M. D. or other

Address..... La Grange Hotel Date signed Nov 9-1947

Registrar



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10337  
1318  
282

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County.....

St. Marys

City or town.....

Lusenville, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, Institution, or street address where death occurred:.....

How long in hospital or institution?.....

## 3. (a) FULL NAME

Mary Elva Young

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

female

colored

widowed

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo. day, yr.)

Jan. 3 1881?

6.(c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

66?

hrs. min.

9. Birthplace.....

Maryland

(Town, county, and state)

10. Usual occupation.....

none

## 11. Industry or business

MOTHER FATHER

12. Name.....

Thomas Dine

13. Birthplace.....

Maryland

14. Maiden name.....

Joe Anna Butcher

15. Birthplace.....

Maryland

16. Informant.....

Louis D. Young

Address

Lusenville, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 11/21/47  
(month) (day) (year)

Cemetery or crematory

St. Joseph

Location

Morganza, Md.

18. Funeral director.....

O.B. Robinson

Address

Leonardtown, Md.

19. Date rec'd by registrar

11/20 47

19.....

(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

St. Marys

City or town Lusenville, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No. ....

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 19 1947, at 1:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 15 1947 to Nov 19 1947

and that I last saw her alive on Nov 1, 1947

Immediate cause of death

Chronic nephritis

Due to

Due to

Other conditions Hemiplegia

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Donaldson

M. D. or other

Donaldson

Date signed

11/20/47

RECEIVED

NOV 24 1947

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